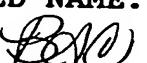


UNITED STATES PATENT & TRADEMARK OFFICE  
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REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	9-22-05	2 Serial/Patent #	101532,041
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
Filing			\$
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Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 0 2 -- 4 8 0 0	
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		Barbara Campbell	
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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